



VOLUNTEER NAME:					
<input type="checkbox"/> MR	<input type="checkbox"/> MRS	<input type="checkbox"/> MISS	<input type="checkbox"/> MS	<input type="checkbox"/> DR	<input type="checkbox"/> OTHER
NAME:					
ADDRESS:					
CITY:		PROVINCE:		POSTAL CODE:	
PHONE NO.:		EMAIL:			

Your personal data will remain confidential and will never be transmitted to a third party.

<input type="checkbox"/> I WANT TO MAKE A SINGLE DONATION OF:					
<input type="checkbox"/> \$20	<input type="checkbox"/> \$35	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> OTHER: \$
<input type="checkbox"/> I WANT TO MAKE A MONTHLY* DONATION OF:					
<input type="checkbox"/> \$10	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$75	<input type="checkbox"/> \$100	<input type="checkbox"/> OTHER: \$

METHOD OF PAYMENT					
<input type="checkbox"/> CHEQUE PAYABLE TO CECI		<input type="checkbox"/> VISA		<input type="checkbox"/> MasterCard	
CARD NUMBER:			EXPIRY DATE:		
SIGNATURE:					

<input type="checkbox"/> I give CECI permission to use my name as a donor.
<input type="checkbox"/> I authorize CECI to send me information about its activities.
<input type="checkbox"/> I would like to receive information about making a planned gift to ensure the long-term viability of the Uniterra program.

Tax receipts will be issued for gifts of \$20 and over. Charitable Registration Number: 11884 6575 RR 0001.

* I understand that I may cancel or change my monthly donation at any time by notifying CECI in writing. I will receive a tax receipt for my total donation at the end of the calendar year.